

CLAIMS ONLY						Application Number 09669707	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/								
2	/								
3	/								
4	/								
5	/								
6	/								
7	/								
8	/								
9	/								
10	/								
11	/								
12	/								
13	/								
14	/								
15	/								
16	/								
17	/								
18	/								
19	/								
20	/								
21	/								
22	/								
23	/								
24	/								
25	/								
26	/								
27	/								
28	/								
29	/								
30	/								
31	/								
32	/								
33	/								
34	/								
35	/								
36	/								
37	/								
38	/								
39	/								
40	/								
41	/								
42	/								
43	/								
44	/								
45	/								
46	/								
47	/								
48	/								
49	/								
50	/								
Total Indep	12								
Total Depend	53								
Total Claims	65								